

**AUTHORIZED AGREEMENT FOR AUTOMATIC PAYMENTS
(ACH DEBITS)**

COMPANY NAME TOWN OF LEESBURG	COMPANY ID NUMBER 54-6001390
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I (we) hereby authorize the Town of Leesburg herein after called COMPANY, to initiate, debit entries for water and sewer payments from my

☐ **Checking** ☐ **Savings (select one)** indicated below and the financial institution named below, hereinafter called BANK.

BANK NAME		BRANCH
CITY, STATE, ZIP		
TRANSIT/ACH NUMBER	ACCOUNT NUMBER	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

NAME(S) (PLEASE PRINT)		ID NUMBER
DATE	SIGNED	SIGNED (second name on account)

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

****NOTE** IF YOU BANK WITH A CREDIT UNION, CALL THEM FOR THE CORRECT ACH NUMBER AND BANK ACCOUNT NUMBER**